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TELEFAX

Date:

July 20, 2005

Total pages: 10 including cover

To:

US PTO

Telephone:

Telefax: 571-273-8300

From:

Rivka Monheit

Telephone: 404-879-2152

Telefax: (404) 879-2160

Our Docket No. PDC 119

Your Docket No.

Client/Matter No. 078374/00011

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appellants:

Solomon S. Steiner and Bryan R. Wilson

Serial No.:

09/766,362

Art Unit:

1615

Filed:

January 19, 2001

Examiner:

Humera Sheikh

For:

DRY POWDER FORMULATIONS OF ANTIHISTAMINE FOR NASAL

ADMINISTRATION

Attachments:

Transmittal Form PTO/SB/21 Fee Transmittal Form PTO/SB/17 Request for Oral Hearing Reply Brief

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Under the Paperwork Redu	uction Act of 1995, no person	U.S. P.	T	J. 040	PTO/SB/21 (09-04) through 07/31/2008. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.	
		Application Number	09/766,362	umsaa j	OBSTRACES ASIR CIMP CONTROL DITTERS	
TRANSMITTAL		Filing Date	January 19, 2001			
FORM		First Named Inventor	Solomon S. Steiner et al.			
- 4 - 4		Art Unit	1615			
(to be used for all correspondence after initial filling)		Examiner Name	Humera Sheikh			
Total Number of Pages in This Submission 9		Attorney Docket Number	PDC 119			
ENCLOSURES (Check all that apply)						
Fee Transmittal Form		Orawing(s)		Appea	Allowance Communication to TC al Communication to Board	
Fee Attached	,	Petition	of Appeals and Interferences Appeal Communication to TC			
Amendment/Reply		Petition to Convert to a			al Notice, Brief, Reply Brief)	
After Final		Provisional Application Power of Attorney, Revocation Change of Correspondence Address			etary Information	
Affidavlts/decl	`` 				Letter Enclosure(s) (please Identify	
Extension of Time Request		arminal Disdaimer		below):	
Express Abandonment Request		Request for Refund Request for Oral Hearing			for Oral Hearing	
Information Disclosure Statement		CD, Number of CD(s)				
		Landscape Table on CD				
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Reply to Missing Perts/						
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under 37 CFR						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Pabs	Firm Name Pabst Patent Group LLP					
Signature Rivhe D. Monkeit						
Printed name Rivka D. Monheit						
Date July 20, 2005 Reg. No. 48,731						
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:						
Signature						
Typed or printed name Carla Stone				Date	July 20, 2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 4941 P. 3

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0851-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/766.362 FEE TRANSMIT Filing Date January 19, 2001 For FY 2005 Solomon S. Steiner et al. First Named Inventor Humera Sheikh Examiner Name Applicant claims small entity status. See 37 CFR 1.27 1615 Art Unit (\$) 500.00 TOTAL AMOUNT OF PAYMENT **PDC 119** Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | Credit Card L Money Order _None Other (please identify): Deposit Account Deposit Account Number 50-3129 Deposit Account Name: Pabst Patent Group LLP For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1,16 and 1,17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fees Pald (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) 300 150 500 200 100 Utility 250 Design 200 100 100 130 65 50 Plant 200 300 160 80 100 150 Reissue 300 150 500 250 600 300 200 100 0 Provisional 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims Total Claims Fee Paid (\$) Extra Claims Fee (\$) <u>18</u> - 20 or XP = _ 0 x Fee (\$) Fee Paid (\$) MP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims HP = highest number of Independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) _ (round up to a whole number) x - 100 = Fees Paid (\$) 4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other: Request for Oral Hearing \$500.00 SUBMITTED BY Registration No. Telephone (404) 879-2152 leven to Monke Signature

Name (Print/Type) Rivka D. Monheit

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PTO/98/32 (09-04)
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The BOARD OF PATENT APPEALS AND INTERFERENCES The Application of the Control of the Con	REQUEST FOR ORAL HEARING	G	Dacket Number (Optional)				
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Invalvy certify that this concependence is being deposited with the United States Potenti Service with sufficient postage as first class mail an envelope addressed to Commissioner for Patents, P.O. Box 1450, Abstandria, VA 22313-1450' [37 CFR 1260] by 1260, Application Number of Antihistamine for Nasal Administration Typed or printed name		ERFERENCES	PDD 445				
with the United States Poctal Service with sufficient postage as first class mail an envelope addressed to "Commissioner for Pateris, P.O. Box 1450, Alexandria, VA 22313-1450' (37 CFR 1.86) on Pateris, P.O. Box 1450, Alexandria, VA 22313-1450' (37 CFR 1.86) on Pateris, P.O. Box 1450, Alexandria, VA 22313-1450' (37 CFR 1.86) on Pateris, P.O. Box 1450, Alexandria, VA 22313-1450' (37 CFR 1.86) on Pro Dry Powder Formulations of Antihistamine for Nasal Administration Typad or printed name Applicant hereby requests an oral hearing before the Board of Paterix Appeals and Interferences in the appoal of the above-identified application. The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) Applicant claims amail entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is stitached. The Director has siready been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Director is harble, sulnovized to charge any fees which may be required, or credit any overpayment to Deposit Account No							
first class mail in an envelope addressed to "Commissioner for Patents, P.O. Sox 1450, Abzandria, VA 22313-1450" [37 CFR 1.8(a)] on	I nereby certify that this correspondence is being deposited With the United States Postal Service with sufficient necessary	In re Application of	In re Application of Solomon S. Steiner et al.				
Pateris, P.O. Box 1450, Alexandria, VA 22313-1450' [37 CFR 09/766, 352 January 19, 2001 19/766, 352 January 19, 2001 19, 2001 19/766, 352 January 19, 2001 19, 2001 19, 2001 19, 2001 19/766, 352 January 19, 2001 19, 2001 19, 2001 19/766, 352 January 19, 2001 19, 2001 19/766, 352 January 19, 2001 19, 2001 19/766, 352 January 19, 2001 19, 2005 January 19, 2001 19/766, 352 January 19, 2001 19/7	first class mail in an envelope addressed to "Commissioner for	Solution 5. Ste	mer et al.				
Signature — See Cartificate of Facsimile Transmission — Typed or printed name Art Unit 1615 Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application. The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is endosed. A check in the amount of the fee is endosed. Payment by credit card. Form PTC-2038 is stlached. The Director has already been authorized to charge fees in this application to a Deposit Account. Inave enclosed a duplicate copy of this sheet. The Director is nearby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No503129	Patents, P.O. Box 1450, Alexandria, VA 22313-1450° [37 CFR						
Typed or printed game Art Unit 1615 Examiner Humans Shelikh Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application. The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$.1.000.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: 87/22/2895 MBTRN5 B8988819 583129 89:66 A check in the amount of the fee is enclosed. 91 FC:2483 588.88 DA Payment by credit card, Form PTO-2038 is statched. The Director has already been authorized to charge fees in this application to a Deposit Account. In all the present of the parties of the seed. A petition for an extension of time under 37 CFR 1.136(b) (PTO/SBI23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.560. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide cradit card information and authorization on PTO-2038. I am the applicant/inventor. Segnature See 37 CFR 1.71. Statement under 37 CFR 3.73(b) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.560. WARNING: Information on this form. Provide cradit card information and authorization on PTO-2038. I am the applicant/inventor. Segnature stomey or agent of record. Registration number 48.731 Date Attumer or agent adding under 37 CFR 1.24. Registration number 48.731 Telephona number NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(6) are required.	1.0(0)) VII	. 09/766,362	January 19, 2001				
name	Signature - See Certificate of FacsImille Transmission -	For Dry Powder Fo	rmulations of Antihistamine for Nasal Administration				
Applicant hereby requests an oral heating before the Board of Patent Appeals and Interferences in the appeal of the above-identified application. The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: 87/22/2885 MB18h5 8898818 383129 89366 A check in the amount of the fee is enclosed. Payment by credit card. Form PTD-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 503129. Apelition for an extension of time under 37 CFR 1.138(b) (PTO/SBI22) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.560. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. Signature applicant/inventor. Signature Assigned of record of the entire interest. See 37 CFR 1.71. Statement under 37 CFR 3.73(b) is enclosed. For extension of proceedings. Typed or printed name attorney or agent of record. Registration number 48.731 July 20, 2005 Date attorney or agent acting under 37 CFR 1.34. Registration number 8 acting under 37 CFR 1.34. Registration number 18 acting under 37	Typed or printed		Examiner				
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